

Name							
Title							
Organiza	ation						
Street A	Address/Full Mailing	Address					
City			State			Zip	
Phone	· \			Fax		<u> </u>	
E-Mail)			(_)	
Please ch	neck the category of g	group you repr	esent.				
0	Community group		Federal govern	nment	0	Business or industry	Academia
0	Personal interest	C	State or local	government	0	Scientific or technical	Other
	Lunch on Noveml Lunches on Nover we any special dietary er 2, 1998. Special re	mber 17 and 1	8, \$30.00	osher, diabetic, or	vegeta	rian menu), please specify	below, or notifyus by
	nt (check one):	•	enclosed (payable	to Brownfields 'S	98)		•
1 wj	it (circuit circ).		my credit card:	O MasterCa		O Visa O A	merican Express
Card Number Expiration Date							/
Name as	s it appears on the	card					
Signatur	re						
O	I would like to apply for a scholarship sponsored by ICMA. (For information about applying, you also may call the Brownfields '98 toll-free hotline at 1-877-838-7220.)						
	Fax completed registration form with credit card information to:				Mail completed registration form, with check or credit card information to:		
7.7.7	(847) 255-8528 Attention: Brownfields '98					EM Inc. Attention: Browwing Road, Suite D; Rolling	

Note: To reserve a meal, please enclose payment with this registration form; you are not required to purchase a meal to attend the event.

- ➤ Registration forms must be received by November 2, 1998, for early registration.
 - ➤ If you require a refund, a written request must be received by November 6, 1998.